

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><b>Jude O'Nurkera</b>  <b>6260 Indian River Dr.</b>  <b>Norcross, GA 30092</b></p>		<p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>3/2/09</i>  <b>U.S. DISTRICT COURT</b>  <b>RECEIVED AT WHEELING WV</b></p>	
<p>2. Article Number  (Transfer from service label) <i>5:07cv108</i></p>		<p>D. Is delivery address different from item B? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If YES, enter delivery address below:</p> <p><b>JUL 23 2009</b>  <b>NORTHERN DISTRICT OF WV</b>  <b>OFFICE OF THE CLERK</b></p>	
<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	